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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	09/910,669				
Filing Date	July 20, 2001				
First Named Inventor	Reardon, Matthew J.				
Group Art Unit	2173				
Examiner Name					
Attorney Docket Number	482.0003				

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application:								
A power of attorney or Authorization of Agent is submitted herewith. OR								
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x Applicant/l	nventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
	SIGNATURE of Applicant or Assignee of Record							
Name Matthew	J. Reardon							
Signature Randon								
Date 1/6/04 Telephone 205-266-7092								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of	forms are submitted.							

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Name	Gregory (S. Francis							•	
Signature	Bre	iam S.	7110							
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Name	Clarence	E. Rash		_					
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